

PASSWORD REQUEST FORM

CNP On Line Application/Claim System

Child Nutrition Programs
VT Department of Education

| | | |
|------|-----|-------------|
| LEA# | SFA | School Year |
|------|-----|-------------|

Authorized SIGNER: has access to the On Line Child Nutrition Programs Application/Claim System and the authority and security rights to complete, sign and submit Applications and Agreements, and Claims for Reimbursement. By law, representatives of food service management companies cannot be given rights of an authorized signer.

Authorized USER: has access to the On Line Child Nutrition Programs Application/Claim System and the authority and security rights to complete Applications and Agreements, and Claims for Reimbursement, but does not have the authority and security rights to sign and submit these documents. Representatives of food service management companies can be given the rights of an authorized user.

CURRENT INFORMATION:

List Current Authorized SIGNER(S): Log on to CNP On Line, click on "Applications," then select "Authorized Signers."

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

List Current Authorized USER(S): There should be a list of Authorized Users on file at the School Food Authority.

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☐ Please check this box if there are NO CHANGES to either list above and NO ADDITIONS requested below.

To REMOVE an Authorized Signer or Authorized User, draw a line through the appropriate name ABOVE.

To ADD an Authorized Signer and/or Authorized User, complete the appropriate column(s) BELOW.

New Authorized SIGNER(S)

| | | |
|----|----------------|-------|
| 1. | Print Name | |
| | Position/Title | |
| | e-mail | Phone |
| | Signature | |

| | |
|----------------------------|--------------------------|
| | |
| User name (state use only) | password(state use only) |

| | | |
|----|----------------|-------|
| 2. | Print Name | |
| | Position/Title | |
| | e-mail | Phone |
| | Signature | |

| | |
|----------------------------|--------------------------|
| | |
| User name (state use only) | password(state use only) |

New Authorized USER(S)

| | | |
|----|----------------|-------|
| 1. | Print Name | |
| | Position/Title | |
| | e-mail | Phone |
| | Signature | |

| | |
|----------------------------|---------------------------|
| | |
| User Name (state use only) | Password (state use only) |

| | | |
|----|----------------|-------|
| 2. | Print Name | |
| | Position/Title | |
| | e-mail | Phone |
| | Signature | |

| | |
|----------------------------|--------------------------|
| | |
| User name (state use only) | password(state use only) |

Signature required below on all forms submitted.

SFA Administrator Signature

Position

Date